

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wallace Hunter Fire Chief
City of Phenix
601 12th Street
Phenix City, Alabama 36867

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Sheila Aaron 6/20/06

C. Signature ☒ Agent ☐ Addressee

X Sheila Aaron ☐ Yes ☒ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

2:06CU 544-11M

SLC (20)

3. Service Type ☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number (Copy from service lab)

7002 2410 0002 9311 1227

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-0052

COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

H.H. Roberts, City Manager
City of Phenix
601 12th Street
Phenix City, Alabama 36867

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sheila Aaron B. Date of Delivery 6/22/06
C. Signature Sheila Aaron ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3106 CV 544-1 PM
SLC

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0002 9311 1203

102595-00-10952

COMPLETE THIS SECTION

- Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara Goodwin
Personnel Director, City of Phenix
601 12th Street
Phenix City, Alabama 36867

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sheila Davis B. Date of Delivery 6/8/00

C. Signature X Sheila Davis ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3:06CV544-VPm
J&C 20

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0002 9311 1210

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Case 3:06-cv-00544-WHA-WIC

Document 3

Filed 06/20/2006

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

City of Phenix City
601 12th Street
Phenix City, Alabama 36867

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Sheila Aaron</i>	B. Date of Delivery <i>6-26-06</i>
C. Signature <i>X Sheila Aaron</i>	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <div style="text-align: center; font-size: 1.5em;">3:06CV544</div> <div style="text-align: center; font-size: 1.5em;">JLC</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">20</div>	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0002 9311 1197

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeffrey Hardin, Mayor
City of Phenix
601 12th Street
Phenix City, Alabama 36867

COMPLETE THIS SECTION ONA. Received by (Please Print Clearly) Sheila Aaron B. Date of Delivery 6/20/06C. Signature X Sheila Aaron☒ Agent☐ Addressee☐ Yes☒ NoD. Is delivery address different from item 1?
If YES, enter delivery address below:2:06CV544SLC20

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.☐ Yes

4. Restricted Delivery? (Extra Fee)

7002 2410 0002 9311 1234

102595-00-M-0952

2. Article Number (Copy from service label,

Domestic Return Receipt

3811, July 1999

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Roy Waters, Deputy Fire Chief
City of Phenix
601 12th Street
Phenix City, Alabama 36867

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Sheila Aaron	6-22-06
C. Signature	
X Sheila Aaron	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3:06CU 544-VPN	
SDC	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7004 0750 0000 4792 5314